31-E
R.C. 3517.10(B)

Event Date 3/1/11
Page 12

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Cornell Robertson							
Full Name of Contributor				Registration Number, if PAC			
Timothy VanEcho							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
6191 Heritage Lakes Drive				03	01	11	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Hilliard	OH	43026		Check			
Full Name of Contributor				Registration Number, if PAC			
Brooks Vogel							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1237 Sanctuary Place				03	01	11	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Gahanna	OH	43230		Check			
Full Name of Contributor				Registration Number, if PAC			
Thomas Warner							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
7105 Pleasant Colony Circle				03	01	11	75.00
City	State	Zip Code		Form(Cash,Check,etc)			
Blacklick	OH	43004		Check			
Full Name of Contributor				Registration Number, if PAC			
Jim Watkins							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
7854 Astra Circle				03	01	11	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Reynoldsburg	OH	43068		Check			
Full Name of Contributor				Registration Number, if PAC			
Michael Weeks							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
430 Mainsail Drive				03	01	11	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Westerville	OH	43081		Check			
Full Name of Contributor				Registration Number, if PAC			
Dustin Wilson							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
126 Garden Court				03	01	11	75.00
City	State	Zip Code		Form(Cash,Check,etc)			
Delaware	OH	43015		Check			
Full Name of Contributor				Registration Number, if PAC			
James Wolfe							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
207 Elizabeth Street				03	01	11	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
New Lexington	OH	43764		Check			

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event: 7,800.00

Total expenditures this event:

Page Total $ 400.00